

PROVIDING FOR AN INDIAN MENTAL HEALTH
DEMONSTRATION GRANT PROGRAM

NOVEMBER 15 (legislative day, NOVEMBER 6), 1989.—Ordered to be printed

Mr. INOUE, from the Select Committee on Indian Affairs,
submitted the following

REPORT

[To accompany S. 1270]

The Select Committee on Indian Affairs, to which was referred the bill (S. 1270) to provide for an Indian mental health demonstration grant program, having considered the same, reports favorably thereon with an amendment and recommends that the bill (as amended) do pass.

PURPOSE

The purpose of S. 1270 is to provide for an Indian mental health demonstration grant program.

BACKGROUND

In response to a recognition that mental health poses a serious threat to the health status of Native Americans, and testimony which indicates that the current mental health delivery system seems to be woefully inadequate to meet the need, the Senate Select Committee on Indian Affairs held a hearing on S. 1270 on September 14, 1989.

During the hearing, witness after witness described the difficulty of effectively meeting the mental health needs of their people. Most expressed the desire for flexibility in the delivery system that would permit them to combine clinical approaches to meeting mental health needs with their traditional cultural approaches.

The Indian Health Service, on the other hand, defended its current approach to mental health by stating that prior to examining the different approaches to delivery of services, they would prefer

to first see a mental health worker located in every area of Indian Country.

It is commonly understood that Native Americans suffer from the highest rates of suicide, drug abuse and alcoholism of any population group in the country, yet little attention and few resources are focused on addressing these important indicators of mental health. In fact, only three percent of the entire budget of the Indian Health Service (IHS) is dedicated to the area of mental health.

Not only can unaddressed mental health needs be the root cause of alcohol or drug abuse problems, it can also cause or lead to the exacerbation of an illness. And, mental health problems themselves may actually be caused by physical illness, or the abuse of alcohol or drugs.

Recently the Special Committee on Investigations spent a great deal of time examining the problem of child sexual abuse on Indian reservations. The devastation left in the wake of deviant behavior has left serious marks on the lives of these children, their families, and the communities in which they live. Left unaddressed, the effects could linger for generations to come.

Two of the cases the Special Committee examined involved teachers sexually abusing Indian children within federally operated schools. While steps are definitely needed to be certain that child abuse in Indian country is significantly diminished, the reality is that the Native American children who have been abused, and in some cases their families and communities, are going to need assistance in dealing with the serious marks left on their mental health. Yet, the existing system is not sufficient to meet this need.

There are two different approaches that could be taken to address the inadequacy of the mental health delivery system for Native Americans. One approach would involve complete and massive reform of the existing mental health delivery system. The other approach would involve taking deliberate, calculated steps to determine what systems work best.

S. 1270 favors the latter approach. It would not dismantle the current delivery system within the Indian Health Service. Rather, it would add a small number of short-term demonstration projects to the current base of services. The purpose of these demonstration projects is to serve as a tool to assist the Congress in determining the most effective steps to take in expanding mental health services available to the Native American population.

It is essential that those charged with the responsibility of providing health care to Indian people know, prior to reforming and expanding the existing mental health program, what policies will work and which ones will not. Thus this legislation is only a starting point from which a full reform can be crafted.

The bill provides for at least 10 grants, of no more than \$1 million each, which will be competitively awarded to various Indian tribes and tribal communities. The grants will have a life of 3 years and will assist the grantees in meeting the costs of planning, developing and implementing mental health care programs.

One important aspect of the program is that it will allow each tribe or consortia, awarded a grant, to design a mental health care

program which they believe would best address the mental health needs of their population. This would permit tribes to combine existing clinical approaches with traditional cultural approaches, the ultimate solution rests with the individuals, families and tribal societies. It is the Committee's intent that the approach contained in the legislation, to which this report is addressed, will provide all interested or affected parties with the information and experience necessary to develop effective mental health services for Native Americans.

COMMITTEE AMENDMENT

At its November 9th, 1989 business meeting the Select Committee adopted by a unanimous vote an amendment in the nature of a substitute. The substitute reflects suggestions made by tribal witnesses at the Committee's September 14, 1989 hearing. The text of the amendment is described in the "SECTION BY SECTION ANALYSIS" section of this report.

LEGISLATIVE HISTORY

S. 1270 was introduced on June 23, 1989 by Senator McCain, for himself and Senators Murkowski and DeConcini, and was referred to the Select Committee on Indian Affairs. The bill was considered by the Select Committee in an open business session on November 9, 1989, to which an amendment in the nature of a substitute was offered by Senator McCain, and subsequently ordered reported.

COMMITTEE RECOMMENDATION AND TABULATION OF VOTE

In open business session on November 9, 1989, the Select Committee on Indian Affairs, by a unanimous vote of a quorum present, adopted an amendment in the nature of a substitute to S. 1270 with the recommendation that the Senate adopt the bill.

SECTION-BY-SECTION SUMMARY ANALYSIS OF S. 1270

Section 1

Section One amends Title II of the Indian Health Care Improvement Act by creating a new section 209 pertaining to the Mental Health Demonstration Grant Program.

Section 209

Subsection (a)(1), provides that the Secretary of Health and Human Services, through the Indian Health Service, shall award at least 10 demonstration grants to Indian tribes or inter-tribal consortia. These grants shall pay 75% of the costs of planning, developing, and implementing mental health programs.

Subsection (a)(2), provides that the maximum amount of a grant awarded under this program shall be \$1,000,000 for each fiscal year.

Subsection (a)(3), sets out the definition of the term "inter-tribal consortium".

Subsection (b)(1), provides that the term of any grant awarded under this program shall be 3 years. Subsection (b)(2), provides that the 25% tribal contribution towards the costs of planning, develop-

ing, and implementing of a program under this bill may be made in cash or through the provision of property or services.

Subsection (b)(3), provides that the mental health services to be provided by a program funded by this Act may include alcohol and drug abuse treatment.

Subsection (c)(1), establishes a preference for inter-tribal consortia in the award of 50% of the mental health demonstration grants made under this Act. Subsection (c)(2), provides that at least 30% of the grants awarded under this Act shall be awarded to Indian tribes or inter-tribal consortia that serve rural areas, and that at least 30% of the grants awarded are to be awarded to Indian tribes or inter-tribal consortia that serve urban areas.

Subsection (c)(3), requires at least one mental health demonstration grant award be made to an Indian tribe or inter-tribal consortia within each of the area offices of the Indian Health Service. If more than one award is made to Indian tribes or inter-tribal consortia within an area office, the Secretary shall ensure that the scope of the programs and the populations to be served by the program are not duplicative.

Subsection (d)(1), provides that the applicant shall submit the grant application to the area office of the Indian Health Service. Subsection (d)(2), describes the information to be included in an application for a demonstration grant.

Subsection (d)(3), provides that the area office shall review the demonstration grant application and attach to the application its comments for review by the Secretary.

Subsection (e)(1), provides that the Secretary shall, upon receipt of the application, refer the application to a review panel. The review panel shall comment on the merits of the application and rank the application in relation to the other applications submitted under this Act.

Subsection (e)(2), requires the Secretary to establish review panels which consist of at least one Indian for each Indian Health Service Area Office to be appointed by the Director of the Indian Health Service and not more than five (5) mental health experts and practitioners, which may include persons experienced in Native American traditional practices, to be appointed by the Director of the Indian Health Service.

Subsection (f) provides that the Secretary shall develop regulations for the processing of applications which take into account: area office comments, review panel recommendations, comments from the affected Indian communities, the mental health services currently available to the service population, the need for mental health services, the extent to which the program may improve the quality and access to mental health services to the service population and the extent to which the program effectively combines modern clinical approaches with traditional and cultural methods of treatment.

Subsection (g)(1), provides that a recipient of a grant awarded under this section shall provide such information as the Secretary may require to evaluate the program and ensure the grant funds were expended properly. The recipient of a grant under this subsection shall also submit a final report, which shall include the recom-

mendations of the grant recipient, to the Secretary at the close of the term of the grant.

Subsection (g)(2), provides that the Secretary shall submit a preliminary status report to the Congress 18 months after the date on which most of the grants are awarded. The status report shall contain the comments and recommendations of interested parties.

Subsection (g)(3), provides that the Secretary shall submit to the Congress a final report on the demonstration grants awarded no later than 180 days after the close of the term of the last grant awarded under this Act. This report shall include conclusions on the grants, comments and suggestions for possible re-organization of the mental health service delivery in Indian country.

Subsection (h) provides that the regulations and procedures authorized under this Act shall be consistent with the provisions of the Indian Self-Determination Act to the extent feasible.

Subsection (i) authorizes \$6,000,000 to be appropriated to carry out the provisions of the Act for each of the fiscal years 1990, 1991, 1992, and 1993.

Section 2

Subsection (a), provides that the Secretary of Health and Human Services shall establish within the Indian Health Service an office of technical assistance on mental health. This office shall act as an information center for Indian tribes and tribal organizations, provide technical assistance to Indian tribes and tribal organizations to enable them to implement demonstration programs under the Act, and to facilitate regional meetings on mental health demonstration projects in Indian country.

Subsection (b) provides that the Secretary will provide such staff, facilities, and equipment to the mental health technical assistance office as are necessary to enable the office to carry out its responsibilities.

Subsection (c) provides that the mental health technical assistance office shall terminate 30 days after the date on which the final report to Congress is submitted under section 209(g)(3) of the amendments to the Indian Health Care Improvement Act.

COST AND BUDGETARY CONSIDERATION

The cost estimate for S. 1270, as provided by the Congressional Budget Office is set forth below:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, November 14, 1989.

Hon. DANIEL K. INOUE,
Chairman, Select Committee on Indian Affairs,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget office has prepared the attached cost estimate for S. 1270, a bill to provide an Indian mental health demonstration grant program, as ordered reported by the Senate Select Committee on Indian Affairs on November 9, 1989.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT D. REISCHAUER, *Director*.

Attachment.

CONGRESSIONAL BUDGET OFFICE, COST ESTIMATE

1. Bill number: S. 1270
2. Bill title: None.
3. Bill status: As ordered reported by the Senate Select Committee on Indian Affairs on November 9, 1989.
4. Bill purpose: To provide an Indian mental health demonstration grant program.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1990	1991	1992	1993	1994
Estimated authorization levels:					
Grants.....	6.0	6.0	6.0	6.0	
Technical assistance office.....	.5	.5	.5	.6	0.6
Total estimated authorization levels.....	6.5	6.5	6.5	6.6	.6
Total estimated outlays.....	2.5	5.7	6.5	6.6	4.7

The costs of this bill fall within budget function 550.

Basis of estimate: S. 1270 would authorize the Indian Health Service (IHS) to award at least 10 demonstration grants to Indian tribes or other tribal organizations for the planning and implementation of mental health service programs. The grants would provide for 75 percent of the costs of these programs. The grant recipients would have to provide for the other 25 percent of the program costs in cash, property or services. The authorization level for this provision was stated in the bill.

In addition, S. 1270 would authorize the Secretary of Health and Human Services to establish a technical assistance office on mental health within IHS. According to IHS officials, four mental health professionals and one additional staff member would be needed in the technical assistance office. The CBO estimates that the cost of salary and overhead would be approximately \$500,000 in 1990 increasing to \$600,000 in 1994 due to projected inflation.

This estimate assumes that the 1990 authorization is fully appropriated by April 1990. The 1991 to 1994 authorizations are assumed to be fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Karen Graham (226-2820).
10. Estimate approved by: C.G. Nuckols, James L. Blum, Assistant Director for Budget Analysis.

REGULATORY IMPACT STATEMENT

Paragraph 11(b) of Rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact that would be incurred in carrying out the bill. The Committee believes that S. 1270 will have no regulatory or paperwork impact.

CHANGES IN EXISTING LAW

Amends Title II of the Indian Health Care Improvement Act (25 U.S.C. 1601, et seq.) to establish a demonstration project as laid out in the body of this report.

